

IHS FY 2013, 2014, 2015 PERFORMANCE (GPRAMA & Budget) MEASURES –Tribal and IHS Direct Programs

Table 1-1: GPRAMA Measures

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
Diabetes: Good Glycemic Control: Percentage of patients with diagnosed diabetes with good glycemic control (A1c less than (<) 8.0). GPRAMA measure beginning in FY 2013. Prior to FY 2013, measure assessed the percentage of patients with diagnosed diabetes with Ideal Glycemic Control (A1c less than (<) 7.0).	Set Baseline Result: 48.3% Met	Achieve target rate of 48.3% Result: 48.6% Met	Achieve target rate of 47.7%	Ann Bullock OCPS/DDTP 828-497-7455
Depression Screening: Percentage of adults ages 18 and over who are screened for depression. GPRAMA measure beginning in FY 2013	Achieve target rate of 58.6% Result: 65.1% Met	Achieve target rate of 66.9% Result: 66.0% Not Met	Achieve target rate of 64.3%	Beverly Cotton OCPS/DBH 301-443-4754
Childhood Immunizations: Combined (4313*314) immunization rates for AI/AN patients aged 19-35 months (where 3* refers to the Hib vaccine brand. Depending on the brand, the child is considered immunized after either 3 or 4 vaccine doses). GPRAMA measure beginning in FY 2013. Prior to FY 2013, this measure tracked the combined immunization rates (4:3:1:3:3:1:4) for AI/AN patients aged 19-35 months.	Set Baseline Result: 74.8% Met	Achieve target rate of 74.8% Result: 75.4% Met	Achieve target rate of 73.9%	Amy Groom OPHS/Epi 505-248-4226

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
CVD Prevention: Comprehensive Assessment: Percentage of active CHD patients who have a comprehensive assessment for all CVD-related risk factors. GPRAMA measure beginning in FY 2013 Prior to FY 2013, this measure tracked the percentage of active IHD patients who have a comprehensive assessment for all CVD-related risk factors.	Achieve target rate of 32.3% Result: 46.7% Met	Achieve target rate of 51.0% Result: 52.3% Met	Achieve target rate of 47.3%	Chris Lamer OIT/HQ 615-669-2747
Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). GPRAMA measure beginning in FY 2013	Maintain 100% accreditation rate Result: 100% Met	Maintain 100% accreditation rate Result: TBD	Maintain 100% accreditation rate	Tina ConnersORAP/BOE 301-443-2418
TOHP-SP. Tribal Consultation: Implement recommendations from Tribes annually to improve the Tribal consultation process. GPRAMA measure beginning in FY 2013.	Implement at least three additional recommendations from Tribes Result: 4 tribal recommendations implemented Met	Implement at least three additional recommendations from Tribes Result: 9 tribal recommendations implemented Met	Implement at least three additional recommendations from Tribes	Gayle Riddles OD/PFCG 301-443-7261

Table 1-2: RPMS/CRS Budget Measures

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
Diabetes: Blood Pressure Control: Percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than (<) 140/90). Prior to FY 2013, measure assessed the percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than (<) 130/80).	Set Baseline Result: 64.6% Met	Achieve target rate of 64.6% Result: 63.8% Not Met	Achieve target rate of 63.8%	Ann Bullock OCPS/DDTP 828-497-7455

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
Diabetes: LDL Assessment: Percentage of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol).	Achieve target rate of 68.0% Result: 72.7% Met	Achieve target rate of 73.9% Result: 73.4% Not Met	Achieve target rate of 71.8%	Ann Bullock OCPS/DDTP 828-497-7455
Diabetes: Nephropathy Assessment: Percentage of patients with diagnosed diabetes assessed for nephropathy. (As of FY 2014, the measure requires an estimated GFR AND a UACR - not dipstick-during the report period.)	Achieve target rate of 64.2% Result: 68.2% Met	Set Baseline Result: 60.0% Met	Achieve target rate of 60.0%	Ann Bullock OCPS/DDTP 828-497-7455
Diabetes: Retinopathy: Percentage of patients with diagnosed diabetes who received an annual retinal examination.	Achieve target rate of 56.8% Result: 57.6% Met	Achieve target rate of 58.6% Result: 59.9% Met	Achieve target rate of 60.1%	Mark Horton PIMC 602-263-1200 ext 2217
Dental Access: Percent of patients who receive dental services.	Achieve target rate of 26.9% Result: 28.3% Met	Achieve target rate of 29.2% Result: 28.8% Not Met	Achieve target rate of 27.9%	Timothy Lozon OCPS/DCPS 301-443-0029
Dental Sealants: Percentage of patients ages 2-15 with at least one or more intact dental sealant. Prior to FY 2013, this measure tracked the number of sealants placed per year in AI/AN patients.	Set Baseline Result: 13.9% Met	Achieve target rate of 13.9% Result: 14.6% Met	Achieve target rate of 14.1%	Timothy Lozon OCPS/DCPS 301-443-0029
Topical Fluorides: Percentage of patients ages 1-15 who received one or more topical fluoride applications. Prior to FY 2013, this measure tracked the number of AI/AN patients receiving one or more topical fluoride applications.	Set Baseline Result: 26.7% Met	Achieve target rate of 26.7% Result: 27.9% Met	Achieve target rate of 26.4%	Timothy Lozon OCPS/DCPS 301-443-0029
Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older.	Achieve target rate of 62.3% Result: 68.0% Met	Achieve target rate of 69.1% Result: 68.1% Not Met	Achieve target rate of 67.2%	Amy Groom OPHS/Epi 505-248-4226

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
Adult Immunizations: Pneumovax: Percentage of adults age 65 and older with a dose of pneumococcal vaccine after the age of 65 or a dose within the past five years. Prior to FY 2014, this measure tracked the percentage of patients, age 65 years and older with a pneumococcal vaccination documented ever.	Achieve target rate of 84.7% Result: 89.2% Met	Set Baseline Result: 85.7% Met	Achieve target rate of 85.7%	Amy Groom OPHS/Epi 505-248-4226
Cancer Screening: Pap Screening Rates: Percentage of women age 24-64 who have had a Pap screen within the previous three years or if patient is 30-64 years of age, either a Pap smear within the past three years or a Pap smear and an HPV DNA documented within the past five years. Prior to FY 2013, this measure tracked the percentage of women age 21-64 who have had a Pap screen within the previous three years. In FY 2013, this measure tracked the percentage of women age 25-64 who have had a Pap screen within the previous four years.	Set Baseline Result: 61.7% Met	Set Baseline Result: 54.6% Met	Achieve target rate of 54.6%	Carolyn Aoyama DNS/OCPS 301-443-1492
Cancer Screening: Mammogram Rates: Percentage of eligible women who have had mammography screening within the previous two years.	Achieve target rate of 49.7% Result: 53.8% Met	Achieve target rate of 54.7% Result: 54.2% Not Met	Achieve target rate of 54.8%	Carolyn Aoyama DNS/OCPS 301-443-1492
Cancer Screening: Colorectal Cancer Screening Rates: Percentage of patients age 50-75 who have had appropriate colorectal cancer screening. Prior to FY 2013, this measure tracked the percentage of patients, age 50-80 who have had appropriate colorectal cancer screening.	Set Baseline Result: 35.0% Met	Achieve target rate of 35.0% Result: 37.5% Met	Achieve target rate of 35.2%	Don Haverkamp NCCDPHP 505-248-4422

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
Tobacco Cessation Intervention: Percentage of tobacco-using patients that receive tobacco cessation intervention. Prior to FY 2013, this measure did not include tobacco users who had quit in the numerator.	Set Baseline Result: 45.7% Met	Achieve target rate of 45.7% Result: 48.2% Met	Achieve target rate of 46.3%	Dayle Knutson ABR/WNB 605-462-6155
Alcohol Screening: Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	Achieve target rate of 61.7% Result: 65.7% Met	Achieve target rate of 65.9% Result: 66.0% Met	Achieve target rate of 66.7%	Marcy Ronyak OCPS 301-443-1870
Domestic (Intimate Partner) Violence Screening: Percentage of women who are screened for domestic violence at health care facilities.	Achieve target rate of 58.3% Result: 62.4% Met	Achieve target rate of 64.1% Result: 63.5% Not Met	Achieve target rate of 61.6%	Beverly Cotton OCPS/DBH 301-443-4754
HIV Screening: Proportion of pregnant women screened for HIV.	Achieve target rate of 82.3% Result: 87.7% Met	Achieve target rate of 89.1% Result: 88.0% Not Met	Achieve target rate of 86.6%	Lisa Neel OCPS 301-443-4644 ext. 4305
Childhood Weight Control: Percentage of children ages 2-5 years with a BMI at the 95th percentile or higher.	Achieve target of 24.0% Result: 22.8% Met	Long-term measure, no target for FY 2014. (Will be reported in FY 2016)	Long-term measure, no target for FY 2015. (Will be reported in FY 2016)	Lorraine Valdez OCPS/DDTP 505-248-4182
Breastfeeding Rates: Percentage of patients at federal and tribal facilities who, at the age of 2 months, were either exclusively or mostly breastfed. Prior to FY 2013, this measure tracked breastfeeding rates at Federal facilities only.	Set Baseline Result: 29.0% Met	Achieve target rate of 29.0% Result: 35.1% Met	Achieve target rate of 29.0%	Tina Tah OCPS 301-443-0038
Public Health Nursing: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups.	Achieve target of 405,962 Result: 388,590 Not Met	Achieve target of 425,679 Result: TBD	Achieve target of 425,679	Tina Tah OCPS/OD 301-443-0038
Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals	Increase the number of suicidal behavior report forms completed and submitted to 1,376 Result: 1,438 Met	Increase the number of suicidal behavior report forms completed and submitted to 1,668 Result: 1,766 Met	Increase the number of suicidal behavior report forms completed and submitted to 1,419	Beverly Cotton OCPS/DBH 301-443-4754

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
Controlling High Blood Pressure (Million Hearts Measure): Percentage of patients 18 to 85 years with diagnosed hypertension who have a BP less than 140/90 Federal and Tribal health programs will begin reporting on this measure in FY 2014	N/A	Set Baseline Result: 59.5% Met	Achieve target rate of 59.5%	Chris Lamer OIT/HQ 615-669-2747
YRTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more).	Achieve a 100% accreditation rate Result: 90% Not Met	Achieve a 100% accreditation rate Result: 90% Not Met	Achieve a 100% accreditation rate	Ais Murray OCPS/DBH 301-443-1539